

Benefits Proposal

Opportunity Name:		Maximising Independence for Working Age Adults	
Opportunity Description		Enabling residents with a life-long disability to live more independently through progressive reviews	
Existing MTFS lines relating to opportunity		AC18 – Supported Living	
Quantified opportunity over MTFS Financial Value -net of ongoing costs and net of existing MTFS value (inflation contingency)		£0.78m (£0.26m)	Confidence level of value Medium
Further benefit beyond the MTFS (Inflation contingency)		Full run rate achieved in FY 31/32 £0.99m (£0.53m)	
<p>Adults and Communities Strategy: Our existing strategy outlines the following vision:</p> <p><i>“Adult Social Care wants every person in Leicestershire to live in the place they call home, with the people and things that they love, in communities where they look out for one another, doing the things that matter to them.</i></p> <p><i>We will take a strength-based approach to promote independence. When we work with someone, we are committed to putting the person at the centre and focussing on their strengths. We have a range of short-term care services (enablement and reablement) which can offer support at the point of a crisis, or sudden change in circumstance, to enable someone to gain, regain or maintain their independence.</i></p> <p><i>Our strategy already states that we will:</i></p> <ul style="list-style-type: none"> • <i>Build upon the HART service and the strong outcomes it achieves for people by working with our health partners to grow the service offer</i> • <i>Refocus our mental health reablement teams to work with individuals, linking them into local communities and reducing the need for formal care services</i> • <i>Develop new pathways for people of a working age, focussing on short-term interventions</i> • <i>Create and commission new progression services for people with learning disabilities, autism and mental health challenges as part of their life journey towards maximising independence</i> <p><i>Setting clear progression outcomes with the person, whilst using their strengths and support, will mean people can become as independent as possible, as quickly as possible. This supports a person’s wellbeing and allows Adult Social Care to ensure that any required support goes to the right person, at the right time. To deliver our strength-based approach, we put the person at the centre of what we do and work with others involved in the care and support of the person.”</i></p> <p>Current position and proposed opportunity In many ways LCC have been ahead of the curve with service design and how we support adults of working age with lifelong disabilities, for example:</p> <ul style="list-style-type: none"> • Rapidly modernising the service in shaping the care market from a traditional residential care model to a dynamic supported living model which has resulted in a significant number of residents stepping out of residential care • Having a dedicated mental health reablement service 			

As a result, LCC benchmarks below average for the number of working age adults receiving long term support per capita, the spend on care per individual receiving support, and the number of working age adults in supported living and residential care per capita.

The progressive reviews opportunity outlines multi-year strategic transformation which would take our offer to the next level and ensure LCC remains ahead of the curve in our ability to promote independence for working age adults. This opportunity is based off a reduction in the ongoing support that residents receive, through:

Progression focussed reviews:

Making the shift from providing the right support at the right time for residents, to proactively working with individuals, their communities and our providers to maximise independence and plan for the future. This means shifting our culture, practice, processes, and market to ensure long term planning horizons are consistently front of mind to support someone to plan for their future in a way that is meaningful for them. This would require cultural change across the entire workforce supported by changes to forms, processes, governance and how we commission and contract manage our providers.

Accommodation strategy:

Developing an accommodation strategy of tomorrow that enables all our residents to live in a place they call home. Whilst we've got an established supported living market, it's often the only choice and can be restrictive for some individuals. What would an extra care housing model look like residents with lifelong disabilities? What social housing options are available to our residents, particularly in the face of LGR? What should our supported living model look like to flexibly meet the needs of individuals? How do we ensure that there are accommodation options where being close to the community is part of the design?

Targeted re/enablement:

Further developing our reablement and enablement offers to provide short, focussed interventions to help people achieve new skills, such as travel training, cooking skills, or finding a job. Most councils don't have an enablement service designed for residents with lifelong disabilities. What could this look like in Leicestershire to lead the way in supporting residents to build new skills? How can we leverage assistive technology to further promote independence?

Evidence behind opportunity, local levers and proposed solutions:

Case Review Evidence

- 52 individuals with a primary support reason of LD or PS were reviewed.
- In 57% of all cases reviewed, it was identified that the resident could be supported to be more independent either now or in the future.
- In 49% of all cases reviewed, it was identified that an increase in independence for the resident would also result in a reduction in the level of formal support that the resident would need.
- Across all 52 cases reviewed, enablers to promoting independence were identified with the key themes targeted for solutions being:
 - Quality, goal setting and frequency of reviews
 - Staff knowledge and use of assistive technology, equipment and services
 - Commissioning of the right provision and care settings for WAA
 - Reablement as a part of WAA care journeys and wider MDT input into decisions

Local Levers (Current State & Strengths in LCC)

LCC already has several strengths that can be built upon to further unlock opportunity:

- **External Review Teams:** Review teams already exist and can be expanded upon to deliver both a higher number of reviews and reviews that further incorporate person-centred progression planning, moving from annual to goal-based reviews. This team would have the advantage of already being set up, therefore taking less time to implement a culture change.

- **Care Technology Awareness:** Work has already been ongoing to build awareness of care technology through advocates in team meetings as well as yearly roadshows. This has been increasing the number of referrals over time, which can be leveraged through further solutions suggested.
- **Visibility:** While visibility needs further improvement across LCC, it has been made clear through diagnostic activities that many of the trackers which are required to have visibility of WAA across the system already exist or can be easily modified for new purposes to enable a cultural change.

Proposed Further Solutions

A complete culture overhaul impacting our workforce, providers and partners will be necessary to maximise the independence of WAA. This will involve a programme of cultural change which will lay out a clear vision along with the following pillars of operational change.

1) Quality of Assessments and Reviews:

Objective: Improving the current process of reviews and assessments to ensure long-term, person-centred goals are set as standard with every individual. This may involve:

- Further creating a culture of outcome and goal driven assessments through practice development. This will promote a person centred and independence focussed approach by understanding the strengths, wants and goals for an individual, along with their needs and how these needs could be reduced in the future across different domains.
- Embedding practice and culture through process redesign and changing review forms that are currently used. We will need to design a process that enables experts from a wider MDT group to be involved in reviews where helpful and input towards expectation of support requirement, goal setting, and timelines.
- Training and development and upskilling workers within LCC and across partners and providers where appropriate in the new processes and expectations to ensure everyone understands the vision and is equipped to be able to set clear goals which are achievable and establish the support required to enable people to achieve these.
- Engaging providers from the beginning of the review process and building a more collaborative culture where we are supporting each other to deliver on progression plans and target outcomes for residents. Ensuring that clear expectations are established with providers and incentive structures are in place.

2) Frequency of Reviews:

Objective: Changing the current timelines for review from an annual review only to include other trigger points for review, tailored to the individual's goals and outcomes. This will enable goals and outcomes to be continuously progressed based on an individual's needs and support required to be re-evaluated more frequently. This may involve:

- Updating processes and systems to change the trigger points for when a review takes place to be based on an individual's needs, outcomes and current plan.
- Evaluating what capacity is required to ensure reviews are conducted on time without delay. Redefining processes, roles & responsibilities to ensure the process is joined up including defining a provider's role within the review process.
- Establishing tools to create visibility on how people are progressing against goals and expected timelines.

3) Adherence to a New Process

Objective: Embedded cultural change across LCC, providers and partners to sustain process change. This may involve:

- Defining a clear vision, processes and ways of working. A comms & engagement plan will need to be defined along with clear documentation of expectations and changes to process. Processes should be designed with simplicity and ease in mind.
- Grip and Visibility: For cultural change to stick, there needs to be the ability for managers to have clear visibility of outcomes that are being set, progression against these outcomes, and the reasons for progress being slower than expected if this is the case. This requires clear trackers which are kept up to date with

accurate information. This may require a change in how we capture information, and what and how we ask providers to report. Governance should be established to ensure managers are able to hold decision makers and providers to account when necessary.

- Upskilling of staff, training and development: To cover how to set high quality person-centred goals, how to work with individuals to achieve these goals and the steps required to do so, changes to new processes, working alongside individuals and providers.
- We will need to review how we work with and incentivise providers including:
 - Reviewing how we're set up contractually in what we're asking providers to do, and how this is incentivised financially & through contract management processes.
 - Reviewing how we're working with people within the provider workforce by articulating a vision, making it as easy as possible to work in the way we're asking them to (through ensuring visibility of plans, clear expectations, processes, communication), and establishing collaborative governance around reviews.

4) Enablement of Change

Objective: Ensure the services required to support residents to greater levels of independence are available, effective and used where appropriate. This may involve:

- Tech Referrals: Utilising AI tools to increase the number of care tech referrals which will enable WAA to be supported in more independent settings or with a significant reduction in 1:1 hours by using assistive technology.
- Preventative / Reablement MDT: Building new reablement teams to support residents with both LD and MH, operating in a centralised model and changing the process so reablement is the start of every resident's journey where beneficial and can be considered for those who have an opportunity to be more independent with reablement.
- Accommodation strategy: Conducting a review of the accommodation offer for WAA with support needs.
 - Access to general needs housing: Exploring how the people we support can be prioritised for social housing and how we can support residents to access the private rented sector. Exploring what we ask existing supported living providers to deliver to flexibly support residents requiring less intensive support than what a slot of our supported living providers offer currently.
 - Extra care housing: Trialling ECH as an option for under 55s and considering how this could look in the future with the potential to think about dedicated ECH for under 55s with LD.

Risks and Dependencies Overview:

There are associated risks and dependencies to delivering this workstream which is outlined in the table below:

Area	Risk	Impact	Current Mitigation
Quality of Reviews	Facing significant challenge in working with providers	Quality opportunity reduced	New process design to integrate provider collaboration into reviews in next phase
Frequency of Reviews	Rollover of goals and outcomes milestones from one review to another, making it difficult to manage and hold to account.	Extra capacity used with no further independence gain	Design a process which ensures issues cannot be "kicked down the road" and have to be dealt with at milestone completion reviews.
Enablement and Frequency of Reviews	High level of recruitment needed (19 FTE across all solutions)	Reduced pace of changes	Potential for a phased introduction of new capacity to build clear process before wider roll out
All	Capacity of management teams for all solutions at once	Cannot manage all work coterminously	Prioritisation of most impactful culture changes and spreading changes across different teams
Enablement - ECH	Introducing a WAA may introduce a risk to the OAs in the ECH community if that WAA was not fit for the environment.	ECH opportunity reduced	Defined criteria to be set out for WAA in ECH, and this to be seen as more of an exception that the rule while trials are set out.
Quality of Reviews	Direct payments packages harder to influence as WAA decided on provider	Reduced impact on DP	Consideration on how to design a process which encourages providers to be collaborative with LCC
Quality of Reviews	FOP can be a demanding activity in terms of capacity and may be asking too much of staff	Reduced focus on other priorities/limited scrutiny on goals	A clear process & timeline must be designed and agreed upon with FOP attendees to ensure the capacity/demands are realistic
All	The service may have a lot of initiatives taking place at the same time (e.g CQC), and may not be able to manage them all at once.	CQC rating may not improve or changes do not stick	Prioritisation of activities will be essential to avoid stretching the limited capacity of the service too far
Quality of Reviews	Complexity in reducing care packages, especially for shared support	Impact on WAA will be reduced	Shared hours reductions were not considered as part of the case reviews and changes from waking to sleeping nights shared was not valued in hours, mitigating the potential impact.
Enablement - Tech	Creating a new AI tool could be challenging for the service as it is not something previously done	Referral number are unlikely to increase without the tool	Additional time has been allocated to the development of the AI tool as part of timeline planning
Enablement - Tech	New care tech provider is currently being suggested after a 1 year extension with current one, a new provider may not meet changed needs	Reduced impact of granting access of WAA to care tech	Designing a clear plan for implementing a change before switching the supplier could avoid this
Frequency of Reviews	Large amount of coordination between different services required in new model	Could slow down current service and impact CQC rating	Ensuring a tight process is wrapped around cultural change to prevent slip of statutory reviews

Delivery approach and timelines

Our next phase should include a period of detailed design and testing and impact measurement before wider rollout. This period will develop detailed operating models, confirm investment requirements, test assumptions, and ensure solutions are deliverable at scale. It is assumed that a 6-month design and set up phase would be required to ensure solutions and processes have been tested and the impact is evidenced. It is expected that a further 15 months of implementation would be required to recognise the full impact and ensure wider cultural change has been embedded.

Immediate next steps:

- Define the future operating model, resource required and roles and responsibilities and begin the design of a new process for review, including how it would change team structures, how forms would have to adjust and what we can already build upon in LCC.
- Consider the provider engagement strategy we could employ and what learnings we can take from previous engagements.
- Understand the associated costs and benefits of both reablement teams and ECH decisions to inform long term service choices surrounding LCCs support offer for WAA.

Initial view of investments required to realise opportunity

We have included an annual recurring cost of £925k based on FTE and additional support requirements. The cost of investment is based on indicative estimates for:

- Quality of review: Based on culture change so limited to no investment needed
- Frequency of Reviews: Increasing capacity of case worker teams by hiring additional case work FTE and manager.
- Adherence to policy: Based on culture change so limited to no investment needed
- Enablement of independence: Increasing capacity in care tech teams for increase referrals, alongside building new reablement teams, by hiring additional case work and management FTEs.

Benefits profile over the MTFs (net of ongoing investment)			Benefit profile assumptions
	In-year spend reduction (inflation contingency)	Cumulative benefit (inflation contingency)	
FY 26/27	-£0.02m	-£0.02m	1876 active WAA with a primary support reason of Physical Support or Learning Disability and in either a Residential, Supported Living, Homecare or Direct Payments package of care (Baseline starts based on average over a year from Nov 2024-Oct 2025) 52 weeks average duration till next package review Cost of investment accounts for 3% inflation in pay award/NLW There is 1% growth in WAA service users based on WAA demographic growth.
FY 27/28	-£0.42m	-£0.44m	
FY 28/29	£0.53m (£0.13m)	£0.09m (£0.13m)	
FY 29/30	£0.69m (£0.13m)	£0.78m (£0.26m)	

Expected impact:	
Resident Impact	<p>The approach would be to set goals and outcomes alongside residents with which they will be given support to progress over time. A higher frequency of reviews where appropriate will ensure these goals and outcomes can be pushed towards, and providers will be able to be held to account on behalf of residents. This should result in improved levels of independence and outcomes for our residents.</p> <p>This opportunity is however based off a reduction in the ongoing support that residents receive. This could be perceived negatively by some residents.</p>
Staffing Impact	<p>Staffing levels will increase to accommodate new reablement teams for MH and LD, along with this more team members will be needed in care tech teams as well as an additional capacity in either external review teams or case work teams to complete additional reviews.</p>
Service levels Impact	<p>The changes suggested will result in a reduction in need and a reduction in formal ongoing support for many residents. Whilst this would be planned for, discussed with the resident and their family and the appropriate level of support to meet a resident's needs would still be maintained, this would be a service cut (removing existing support) and so public perception and ensuring affected residents are appropriately supported through any transitions are important considerations. A perception of cutting or removing services for residents could result in a negative response from service users, the wider public, and staff within LCC and our partners and providers, which would impact the deliverability of the opportunity and would have an impact on the outcome of our CQC assessment if not well managed.</p>
Officer Recommendation for next steps	<p>Move to a period of detailed design and testing and impact measurement before wider rollout. This period will develop detailed operating models, confirm investment requirements, test assumptions, and ensure solutions are deliverable at scale.</p>
Newton Recommendation for next steps	<p>The next step is to prioritise the beginning of a detailed design phase lasting around 3-6 months. This will allow for:</p> <ul style="list-style-type: none"> • Solutions to begin being developed into detailed plans/ designs • Assumptions to be tested and challenged while piloting new ideas • Detailed timelines for solution implementation to be developed • Key stakeholders for change can be engaged and consulted on potential changes

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